NWS CHANGE FORM
PART A

	1. DATE SUBMITTED
	10/15/99

This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).

2. ORIGINATOR OFFICE	3. SUBMITTING AUTHORITY	4. COGNIZANT TECHNICAL INDIVIDUAL	5. ORIGINATOR TRACKING NUMBER
CRH651	Name: Routing Code:	Name: JoAnna Green Routing Code: W/NP 6 Phone: (816) 584-7251	

6. SYSTEMS AFFECTED BY CHANGE

☐ DATA PRODUCTS (Complete Data Products Supplement)

☐ ASOS   ☒ AWIPS   ☐ CRS   ☐ NEXRAD   ☐ OTHER (specify) _____

7. WSH TRACKING NUMBER

NWS **509**

8. TITLE OF CHANGE

Backup of AWIPS alphanumeric products

9. TYPE OF CHANGE

☒ HARDWARE   ☒ SOFTWARE   ☐ DOCUMENTATION
ONLY

10. SITES AFFECTED (Attach Part B, Page 2, if needed)

Aviation Weather Center
Kansas City, Mo

11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.)

Existing system does not include a backup of AWIPS alphanumeric products in the event of the failure of the gateway to the FAA. AWC has been the backup for AFOS and has volunteered to be the backup for AWIPS.

12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.)

The ANBURS project has purchased hardware that is rack mountable. This will be a DELL server (Power Edge 4300) connected to the FAA NADIN2 network via an X.25 line already in place. It will connect to AWIPS using the Asynchronous Product Scheduler (APS) port. We propose to mount the server, a Codex modem and the X.25 Protocal Assembler/Dissassembler (PAD) in our WNAW (WFO) rack above the VIR switches.

13. ALTERNATE SOLUTIONS

14. REQUIRED CHANGE DATE January 1, 2000	15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.) Decommisioning of AFOS requires implementation as soon as possible.

CCB/PMC/CMB DECISION		
16. DECISION AUTHORITY LEVEL	☐ CCB LEVEL ONLY	☐ PMC or NWS CMB DECISION REQUIRED
17. CCB LEVEL DECISION	☐ APPROVED ☐ RECOMMEND APPROVAL ☐ DISAPPROVED	SIGNATURE DATE SIGNED
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED		
18. PMC OR NWS CMB DECISION	☐ APPROVED ☐ DISAPPROVED	SIGNATURE DATE SIGNED

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NWS CHANGE FORM PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT							1. ORIGINATOR TRACKING NUMBER			
This information is required prior to publication of Engineering Modification Notes and Software Release Notes. List physical items to be replaced and specify any changes in related documentation. (Submitters should complete this information, if known. WSH will assist.)							2. WSH TRACKING NUMBER			
3. ITEM NAME, CIRCUIT TYPE, SOFTWARE VERSION, OR SITE LOCATION	4. REMOVE REPLACE MODIFY	5. SUPERSEDED ITEM OR CONFIGURATION		6. SUPERSEDING PART NUMBER OR NEW CONFIGURATION	7. DOC TYPE	8. SUPERSEDED DOCUMENT		9. SUPERSEDING DOCUMENT	
		A. PART NUMBER OR CONFIGURATION	B. SERIAL NUMBER(S) OR COMMENTS			A. IDENTIFIER	B. REV	A. IDENTIFIER	B. REV

NWS CHANGE FORM PART C	1. ORIGINATOR TRACKING NUMBER

WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.

2. WSH TRACKING NUMBER

3. CCB COST EVALUATION

NWS COST $ FAA COST $ DOD COST $ OTHER AGENCY COST $ TOTAL COST $
                                                        (SPECIFY)_____

4. IMPLEMENTATION DOCUMENTS REQUIRED

☐ Engineering Modification Note   ☐ Software Release Notes   Other Document (Specify)_____

ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.

5. IMPLEMENTATION ACTIVITY REQUIRED	6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE	8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION